MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 82-a

CERTIFICATE OF DEATH

10712

Reg. Dist. No. 38

1. PLACE OF DEATH:
County: Baltimore
City or town: Rogers Forge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 321 Hopkins Road
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Rogers Forge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 321 Hopkins Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Ida D. Armiger

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife: William L. Armiger
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 6, 1854

8. AGE:

Years	Months	Days	If less than one day
85	10	6	hrs. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: housewife -- retired

11. Industry or business:

FATHER
12. Name: John Dobler
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden name: Mary E. Jenkins
15. Birthplace: Baltimore, Md.

16. Informant: Richard D. Armiger
Address: 503 Orkney Road

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 14, 1939 (month) (day) (year)
Cemetery or crematory: Greenmount
Location: North & Greenmount Aves., Baltimore

18. Funeral director: John O. Mitchell Son Inc.,
Address: 1900 Eutaw Place, Baltimore, Md.

19. 11/13/39 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 12, 1939, at 7.30 AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 11/4/39 to Nov 12 1939, and that I last saw her alive on 11/12/39.

Immediate cause of death: A pectoral accident - There was an Fracture of Sternum.
Due to: a Confused Closing
Due to: down D Heart Action & Pneumonia with Jaundice
Other conditions: Nausea,

DURATION

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Geo T Stockings M. D. or other
Address: 5835 York Road Date signed 11/12/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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DEC 5 1933
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10713

1. PLACE OF DEATH

County Beechwood Hospital, Catonsville Registration Dist. No. 30

Village or City Catonsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Christian Aberle

(a) Residence: No. Wash Blvd near Ridge Rd St., Md Ward. Baltimore Co.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Margaret Aberle

6. DATE OF BIRTH (month, day, and year) Oct 4, 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	89	—	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Jewler

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Himself

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Germany (State or country)

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Mrs. Harry Loffler (Address) Severna Park, Md

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Cem. Date Mon Nov 6, 1939

19. UNDERTAKER Roland L. Ferkler (Address) 612 N. Murray St.

20. FILED 11/5, 1939 H. Sadler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 3 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct, 25, 1939, to Nov, 3, 1939

I last saw him alive on Nov, 2, 1939; death is said to have occurred on the date stated above, at 2:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Uremia.	week.
Other Contributory Causes of importance:	
Nephritis.	year
Senility.	

Name of operation O Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? NO Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) S. Lloyd Johnson M. D.

(Address) Catonsville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10714

1. PLACE OF DEATH (94?)

County Baltimore Registration Dist. No. 38

Village or City Ruxton, Md. No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alexander Armstrong If U. S. Veteran, specify WAR

(a) Residence: No. Boyce Ave, Ruxton, Md. St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Woods (Armstrong)

6. DATE OF BIRTH (month, day, and year): June 28, 1877

7. AGE: Years 62 | Months 4 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Lawyer
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year): Nov. 18, 1939
11. Total time (years) spent in this occupation: 35

12. BIRTHPLACE (city or town) (State or country): Hagerstown, Md.

FATHER
13. NAME: Alexander Armstrong
14. BIRTHPLACE (city or town) (State or country): Hagerstown, Md.

MOTHER
15. MAIDEN NAME: Elizabeth Key Scott
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Arthur W. Machen

18. BURIAL, CREMATION, OR REMOVAL
Place: Rose Hill Date: Nov 22, 1939 Hagerstown Md

19. UNDERTAKER (Address): Henry W. Jenkins & Son Co. on Cultor Ave Richards

20. FILED: 11/21, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. (Month) 20 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1937, to Nov 20, 1939

I last saw him alive on Nov 12, 1939; death is said to have occurred on the date stated above, at 9:45 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	11/20/39

Other Contributory Causes of importance:

Arteriosclerosis,	
Coronary thrombosis	1937
Ac. Pulmonary oedema 1937 & 38	

Name of operation — Date of

What last confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) [signature] M. D.

(Address) 18 E Eager St Balto.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. B.H. Rutledge 18 E. Eager

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107-a

10715

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County Baltimore

City or town Towson

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 432 E. Penna Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Balto

City or town Towson Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 432 E. Penna Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rozella Ballard. (Rose E. Ballard)

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Thomas I.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 2, 1864

8. AGE: Years 75 Months 75 Days If less than one day ____ hrs. ____ min.

9. Birthplace: Cuba, Balto Co, Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: Charles F. Boyer

13. Birthplace: Cuba, Balto Co, Md.

MOTHER

14. Maiden name: Lucinda Cole

15. Birthplace: Cuba, Balto. Co, Md.

16. Informant: Margaret Lander

Address: 441 Penna. Ave; Towson Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/8/39 (month) (day) (year)

Cemetery or crematory: Pleasant Rest.

Location: Towson, Md.

18. Funeral director: Mrs. Geo A. Holland

Address: 1631 Druid Hill Ave; Balto. Md.

19. Nov 6 (Date rec'd by registrar) 19 [illegible] Van Horn Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 4 1939, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 19 1939, to Nov 4 1939, and that I last saw her alive on Nov 4, 1939.

Immediate cause of death: Pneumonia (bronchial)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: Oct 19, 34.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: [illegible] M. D. or other

Address: Towson - Md Date signed 11/4/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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BUREAU V. E.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10716

1. PLACE OF DEATH (46 B)

County Baltimore — Registration Dist. No. 30

Village or City Catonsville — No. 20 Nunnery Lane St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 4 yrs. -- mos. -- ds. How long in U.S. if of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME John Kent Barbour

(a) Residence: No. 20 Nunnery Lane St., Ward.

(Usual place of abode) — If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Ellen Mulville

6. DATE OF BIRTH (month, day, and year): ----------

7. AGE	Years	Months	Days	If LESS than 1 day, ---- hrs. or ---- min.
	About 63	----	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Salesman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Riverton Lime & Stone Co.

10. Date deceased last worked at this occupation (month and year): --- ---

11. Total time (years) spent in this occupation: --- ---

12. BIRTHPLACE (city or town): Calvert County

(State or country): Maryland

FATHER

13. NAME: John Kent Barbour

14. BIRTHPLACE (city or town): --------

(State or country): Maryland

MOTHER

15. MAIDEN NAME: Harriet Garner

16. BIRTHPLACE (city or town): --------

(State or country): Maryland

17. INFORMANT: Mrs. Ellen M. Barbour

(Address) 20 Nunnery Lane, Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date 11/27, 19 39

19. UNDERTAKER H. U. Mears and Son

(Address) 805 N. Calvert St.

20. FILED 11/26, 19 39 H. Gaylord Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 25 (Day), 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May, 19 39, to Nov. 25, 19 39

I last saw h-- alive on Nov. 24 2, 19 39; death is said to hava occurred on the date stated above, at 2.45 p.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	

Other **Contributory Causes** of Importance:

Name of operation Gastro-Enterostomy Date of May 26. 1934

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury ---------- 19----

Where did injury occur? ---------- (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Natura of Injury ----------

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ----------

(Signed) E. J. Moore M. D.

(Address) 716 Cathedral St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

10717

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 3 yrs. 2 mos. 22 days

Stay in this community (yrs., or mos., or days): " " " " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Anne Arundel

City or town: Odington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Anna Beall

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: unknown

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): November 26, 1864

8. AGE: Years	Months	Days	If less than one day
74	11	11	____ hrs. ____ min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: Thomas O. Beall
13. Birthplace: unknown

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown

16. Informant: Hospital records
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/8/39 (month) (day) (year)

Cemetery or crematory: Spring Grove State Hosp.

Location: Catonsville Md.

18. Funeral director: Spring Grove State Hosp.
Address "

19. 11/8 (Date rec'd by registrar) 1939 H. H. Lockwood Registrar
Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 7, 1939, at 10:40 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15, 1938, to November 7 1939, and that I last saw her alive on November 7, 1939.

Immediate cause of death	DURATION
Carcinoma of the stomach with metastasis into the intestines and spleen	before 1938
Due to: Chronic myocarditis	"
Due to: Generalized arteriosclerosis	before 1938
Other conditions: Senile psychosis	before 1938

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none

Of autopsy: As given above.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE: Serge Androp

Serge Androp, M.D. M. D. or other

Address: Spring Grove St. Hosp. Date signed: 11/7/39

RECEIVED
DEC 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186)

10718

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Patapsco Point
City or town: Baltimore Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County:
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 309 S. Madeira St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Alexander BIERNACZKI (BIERNACKI)

3. (b) Social Security Number: 215-01-1824

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Anna
6(c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): May 15 1895

8. AGE: Years: 44 2 Months: 6 Days: If less than one day: hrs. min.

9. Birthplace: Jaszczebiec Poland
(Town, county, and state)

10. Usual occupation: Stevedore

11. Industry or business:

FATHER
12. Name: Paul Biernacki
13. Birthplace: Jaszczebiec, Poland

MOTHER
14. Maiden name: Maryanna Romanow
15. Birthplace: Jaszczebiec Poland

16. Informant: Anna Biernacki
Address: 309 S. Madeira St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/20/39. (month) (day) (year)
Cemetery or crematory: St. Stanislaus
Location: O'Donnell Sts.

18. Funeral director: M. F. Sadowski & Sons
Address: 1808 Eastern Ave.

19. NOV 17. 1939 (Date rec'd by registrar) Dawson L. Harbin Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 15th 1939 at 3:30 Am.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~ ~~to~~ ~~19~~ ~~and that I last saw him alive on~~ ~~19~~

Immediate cause of death: Accident
Severely torn off Right
Foot falling on him.
Due to: Crushing left side
of Chest.
Due to:
Other conditions:
(Include pregnancy within 3 months of death)

DURATION

Major findings:
Of operations:
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, ~~suicide, or homicide~~ Accident Date of 11-15-1939
Where did injury occur? Harrows Point Balto Md
(City or town) (County) (State)
Injured at ~~home, farm~~, industry, ~~public place~~ (where?) Harrows Point
Means of injury: Run over Injured at work? Yes

23. SIGNATURE: W. J. O'Hyse Dept. M.E.
M. D. or other
Address: Pikesville Md Date signed 11-15-39

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

10719

Reg. Dist. No. 31

1. PLACE OF DEATH:

County: Baltimore County

City or town: Woodlawn Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Windsor Mill Road

Stay in hospital or inst. (yrs., or mos., or days): ✓

Stay in this community (yrs., or mos., or days): 6 mos

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For [illegible] infants give residence of mother)

State: Maryland County: Baltimore

City or town: Baltimore Ward No.: 5
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 206 McMechen St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Francis Seyton Biggs

3. (b) Social Security Number: ✓

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Leonora Land

6(c) If alive, give age: 79 years

7. Birth date of deceased (mo., day, yr.): Nov 1, 1857

8. AGE: Years: 82 Months: – Days: 13 If less than one day: ___ hrs. ___ min.

9. Birthplace: Norfolk Va
(Town, county, and state)

10. Usual occupation: Insurance agent

11. Industry or business: Mass. Mutual Life Ins. Co.

FATHER
12. Name: Major Joseph John Biggs
13. Birthplace: N.C.

MOTHER
14. Maiden name: Isabelle Anderson James
15. Birthplace: Philadelphia Pa.

16. Informant: Mrs Antoinette Biggs Davis

Address: 304 Somerset Road

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 16/39 (month) (day) (year)

Cemetery or crematory: Druid Ridge

Location: Pikesville Balt. Co. Md.

18. Funeral director: John O. Mitchell Sons

Address: 1900 Eutaw Place

19. Nov 15 1939 (Date rec'd by registrar) J. J. Milton Piel Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 14 1939, at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 15 1939, to November 14 1939, and that I last saw him alive on November 13 1939.

Immediate cause of death	DURATION
Uraemia	
Chronic interstitial nephritis	6 mos
Due to arteriosclerosis	
Due to myocarditis	1 year
Other conditions	

(Include pregnancy within 3 months of death)

Major findings: –

Of operations: –

Of autopsy: no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: – Date of:

Where did injury occur? – (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): –

Means of injury: – Injured at work? –

23. SIGNATURE: Weinerber Fort M. D. or other

Address: 20 E. Preston St. Date signed: 11/24/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
NOV 27 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-d)

10720

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Carter Sanatorium, Hasting Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Baltimore

City or town Catonsville Baltimore Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Hasting Ave 2522 E. Biddle

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR NO

3. (a) FULL NAME Nannie May Block

3. (b) Social Security Number None

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband ~~or wife~~ Moses Block

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1, 1864

8. AGE: Years 75 Months 2 Days 2 If less than one day hrs. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Charles Jester

13. Birthplace Md

MOTHER 14. Maiden name Lovenia Wheeler

15. Birthplace Md

16. Informant Miss Thelma Block

Address 2522 E Biddle St.

17. Burial (Burial, cremation, or removal, Which?) Date thereof 11/6/39 (month) (day) (year)

Cemetery or crematory Greenmount

Location Baltimore Md

18. Funeral director William Cook

Address 1217 St Paul St

19. 11/3 (Date rec'd by registrar) 1939 H L Andrews Registrar

Deputy Local

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 3 1939, at A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 7 1939, to November 2 1939, and that I last saw h 9 alive on November 3 1939.

Immediate cause of death Myocardial insufficiency Generalized arteriosclerosis

Due to

Due to

Other conditions Senility

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. Lou Brinkoff M. D. or other

Address Temple Garden Apts Date signed 11/3/39

RECEIVED
DEC 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (39)

CERTIFICATE OF DEATH

10721

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Essex
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Nicholson Rd.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Balto.
City or town: Essex Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Nicholson Rd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary L. Bodenburg

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	W.	Widow

6 (b) Name of husband or wife: Wm Frederick Bodenburg
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 29 - 1868

8. AGE:

Years	Months	Days	If less than one day
71	1	15	hrs. min.

9. Birthplace: Balto. Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: At Home.
FATHER 12. Name: Unknown Maier
13. Birthplace: Md.
MOTHER 14. Maiden name: Unknown
15. Birthplace: Md.
16. Informant: Mrs. Herbert Bodenburg
Address: Nicholson Rd. Essex Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-17-39 (month) (day) (year)
Cemetery or crematory: Morelands
Location: Taylor Ave.
18. Funeral director: John G. Connelly
Address: Essex Md.
19. 11-15- 1939 (Date rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 14th 1939, at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1938 to Nov 14 1939, and that I last saw h alive on Nov 13 1939.

	DURATION
Immediate cause of death: Coronary Thrombosis	1 day
Due to: Arteriosclerotic cardio-vascular disease	1 year
Due to: age	
Other conditions: Diabetes Mellitus; Abdominal Tumor	3 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of Injury: Injured at work?

23. SIGNATURE: George A. Lain M.D.
M. D. or other
Address: Essex, Md. Date signed 11/15/39

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (95-F) Reg. Dist. No. 4 X

CERTIFICATE OF DEATH

10722

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Raspeburg (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: New Philadelphia Road

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Balto.

(c) City or town Raspeburg (If outside city or town limits, write RURAL and give town)

(d) Street No. New Philadelphia Road (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Wilhelmina Bohlen

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife John H. Bohlen, Sr.

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 12, 1885

8. AGE: Years 54 | Months 8 | Days 21 | If less than one day hr. min.

9. Birthplace Balto. County, Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George W. Lutz,
13. Birthplace Unknown

MOTHER
14. Maiden Name Margaret Hillen
15. Birthplace Balto., Md.

16 (a) Informant Mr. John H. Bohlen,
(b) Address New Philadelphia Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 7, 1939 (month) (day) (year)

(c) Cemetery or crematory Zion Luth. Cem.

Location Stemmers Run, Md.

18 (a) Funeral director F. Lassahn & Son

(b) Address 7401 Belair Road.

19 (a) 11-6-39 (Date rec'd by registrar) (b) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. Date of death Nov 3 1939, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 2 1939, to Nov 3 1939, and that I last saw her alive on Nov 2 1939.

Immediate cause of death Cerebral apoplexy Arteriosclerotic

Due to Hypertensive Cardio-vascular disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: 1 day ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature G. M. Baumgardner M. D. or other

Address Rosedale Md Date signed Nov 3/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 4 1930
BUREAU V. S.

10723

STATE OF MARYLAND
CERTIFICATE OF DEATH

(8)

Registration Dist. No. 43

(M)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1 PLACE OF DEATH

County Balto

Village or City Raspeburg (No. 4502 Fullerton Av St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Baby Boy Boschert

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): —

6 DATE OF BIRTH: Nov (Month) 4 (Day), 1939 (Year)

7 AGE: Still born (6 months) yrs. mos. ds. If LESS than 1 day hrs. or min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work: —
(b) General nature of industry business, or establishment in which employed or (employer): —

9 BIRTHPLACE (State or country): Raspeburg Md

PARENTS

10 NAME OF FATHER: Andrew J Boschert

11 BIRTHPLACE OF FATHER (State or country): Balto Md

12 MAIDEN NAME OF MOTHER: Anna M. Rodert

13 BIRTHPLACE OF MOTHER (State or Country): Balto Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15 Filed 11/5 1939 Mrs G. A. Fritz Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov 4, 1939? (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from — 192 . to —, 192 , that I last saw h alive on , 192 , and that death occurred on the date stated above, at m.

The CAUSE OF DEATH * was as follows:

Premature (6 months)

(Duration) yrs. mos. ds.

Contributory Secondary

(Duration) yrs. mos. ds.

(Signed) A. Lee Hickey M. D.

Nov 4 1939 (Address) Overlea Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL , 19

20 UNDERTAKER | ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill*; (*a*) *Salesman*, (*b*) *Grocery*; (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.*; *Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 1 1930 U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10724

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Balto Co

City or town: Catonsville Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Spitz Home Edmondson ave

Stay in hospital or inst. (yrs., or mos., or days): 8 weeks

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County:

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 710 Melville Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Florence V. Brady

3. (b) Social Security Number:

4. Sex: F.

5. Color or race: W.

6. (a) Single, married, widowed, or divorced: Widowed.

6 (b) Name of husband or wife: John J Brody.

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 1, 1859

8. AGE: Years: 80 Months: 4 Days: 20 If less than one day: hrs. min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: Joseph Boyle

13. Birthplace: West Virginia

MOTHER 14. Maiden name: Nancy Britton

15. Birthplace: Maryland.

16. Informant: Mrs. E. R. Wolf

Address: 638 E. 37 St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-24-39 (month) (day) (year)

Cemetery or crematory: London Park.

Location: Balto Md

18. Funeral director: Wm Cook.

Address: Balto Md

19. 11/21 19 39 (Date recd by registrar) H. Henderson Registrar
Deputy Reg

MEDICAL CERTIFICATION

20. DATE OF DEATH: November, 21, 39 1P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 19, 39 to Nov. 21, 39
her
and that I last saw h alive on Nov. 20, 39

	DURATION
Immediate cause of death: Chronic Myocarditis.	2 mo.
Due to: Lobar Pneumonia	2 mo.
Due to: Senility	Years.
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: 0

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: 0 Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: D. J. Lloyd Johnson M. D. or other

Address: Catonsville Md. Date signed 11-21-39

RECEIVED
NOV 25 1939
BUREAU U.S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10725

(131)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30

Village or City Catonsville Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Brenan If U. S. Veteran, specify WAR

(a) Residence: No. Rolling Road & Edmonson Ave Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~OR DIVORCED~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 5th 1843

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	96	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME John Frances Brenan

14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

MOTHER

15. MAIDEN NAME Sarah Huston

16. BIRTHPLACE (city or town) New Jersey
(State or country)

17. INFORMANT Adele Coongan
(Address) Rolling Rds Edmonson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date Nov 18th, 1939

19. UNDERTAKER Henry H Jenkins & Son
(Address) Orchard & McCollohs St

20. FILED 11/17, 1939 H. L. Sandman
Registrar.

(Note: Clerks are needed, please Sign Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Nov (Month) 17th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1939, to Nov 17, 1939

I last saw h- alive on Nov 15th, 1939; death is said to have occurred on the date stated above, at 3 P m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Pneumonia Interstitial	?
Septicemia Arteriosclerosis	
Chronic Myocarditis	

Other **Contributory Causes** of importance:

Senile Dementia & Senility	?
Arteriosclerosis	

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

Nature of injury

24. Wes diseese or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank O Mulles M. D.

(Address) Ellicott City Md

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1928*	*Gastroenteritis*	*1 year*

DEC 2 1929
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10726

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 42

1 PLACE OF DEATH
County Baltimore -
Village or City Halethorpe (No. Washington Blvd St.; Ward)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Mrs Mary Jane Brooks

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important See instructions on back of certificate.

V. S. No. 1.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Colored
5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: April 6th (Month) (Day), 1861 (Year)

7 AGE: 78 yrs. 7 mos. 23 ds.
If LESS than 1 day, hrs. OR mio.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry business, or establishment in which employed (or employer): Retired

9 BIRTHPLACE (State or country): Prince Georges Co - Md.

PARENTS

10 NAME OF FATHER: John West
11 BIRTHPLACE OF FATHER (State or country): P.G. Co - Md
12 MAIDEN NAME OF MOTHER: Mary Coast
13 BIRTHPLACE OF MOTHER (State or country): P.G. Co. - Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sallie Lamy Brooks
(Address) Halethorpe - Md

15 Filed Nov 29, 1939 Geo Kieffer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov (Month) 29 (Day), 1939 (Year)

17 I HEREBY CERTIFY, That I attended deceased from —, 1914, to Nov 29, 1939, that I last saw h[illegible] alive on Nov 29, 1939, and that death occurred on the date stated above, at 3.30 p.m.

The CAUSE OF DEATH * was as follows:

Diabetes & Chronic Nephritis.
(Duration) 5 yrs. mos. ds.
Contributory Secondary Uraemia - Coma.
(Duration) yrs. mos. 7 ds.

(Signed) Edwin V. Bartlett M. D.
Nov 29, 1939 (Address) Relay Md

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death 25 yrs. mos. ds.
In this State 78 yrs. mos. ds.
Where was disease contracted, if not at place of death? ?
Former or usual residence —

19 PLACE OF BURIAL OR REMOVAL: Mt. Auburn Cem
DATE OF BURIAL: 12/2, 1939

20 UNDERTAKER: Mrs. Geo H. Holland
ADDRESS: 1637 Druid Hill Ave.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Salesman*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer —Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia. Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles, Whooping cough; Chronic valvular heart disease, Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septichaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 1 1930
BUREAU V. S.

10727

CERTIFICATE OF DEATH
COMMONWEALTH OF VIRGINA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS (82-a)

1 PLACE OF DEATH
COUNTY OF Baltimore
MAGISTERIAL DISTRICT OF
OR
INC. TOWN OF Owings Mills
OR
CITY OF

REGISTRATION DISTRICT No. 33 (TO BE INSERTED BY REGISTRAR) REGISTERED No. (FOR USE OF LOCAL REGISTRAR)
(No. ____ ST. ____ WARD)
(If death occurred in a hospital or other institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. ____ How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds

2 FULL NAME Hannah M Brown

(A) RESIDENCE. NO. New Hope ST. ____ WARD ____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Colored
5. ~~SINGLE, MARRIED~~, WIDOWED, ~~OR DIVORCED~~ (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (month, day, and year) unk.

7. AGE Years 67 Months Days IF LESS THAN 1 DAY, ____ HRS. OR ____ MIN.

OCCUPATION
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. retired Hare wife
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (month and year)
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION

12. BIRTHPLACE (city or town) (State or country) Augusta Co Va.

FATHER
13. NAME Robert Branson
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Hannah Stevson
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (ADDRESS) Robert Ferron Owings Mills Md.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Round Hill DATE Nov 24 1939

19. UNDERTAKER (ADDRESS) H. F. Willburn Crimora

20. FILED Nov. 22, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Nov. 22, 1939

22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM 10/20/39, TO 11/22/39
I LAST SAW HER ALIVE ON 11/21/39, DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 7 A M.
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE IN ORDER OF ONSET WERE AS FOLLOWS:

	Date of onset
Uremia	
Hypertension	
Arteriosclerosis	
Cerebral hemorrhage	

CONTRIBUTORY CAUSES OF IMPORTANCE NOT RELATED TO PRINCIPAL CAUSE:

NAME OF OPERATION — DATE OF —
WHAT TEST CONFIRMED DIAGNOSIS? — WAS THERE AN AUTOPSY? —

23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING:
ACCIDENT, SUICIDE, OR HOMICIDE? — DATE OF INJURY — 1
WHERE DID INJURY OCCUR? — (Specify city or town, county, and State)
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE. —
MANNER OF INJURY —
NATURE OF INJURY —

24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? No
IF SO, SPECIFY
(SIGNED) James G. Saffell M. D.
(ADDRESS) Reisterstown, Md

MARGIN RESERVED FOR BINDING

N. B.=WRITE PLAINLY, WITH UNFADING INK (WRITING FLUID) THIS IS A PERMANENT RECORD. EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SHOULD STATE THE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED, EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

Form V. S. 12 1-1-38—50M.

RECEIVED
DEC 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10728

1. PLACE OF DEATH

County Baltimore "Reeds Knolls" Registration Dist. No. 30

Village or City Catonsville No. Maiden Choice Rd St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. 4 mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Catherine Cashmyer If U. S. Veteran, specify WAR ___

(a) Residence: No. Maiden Choice Rd Ward 1308 E. 33rd St. Baltimore, Md

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edw. J Cashmyer

6. DATE OF BIRTH (month, day, and year) 1863

7. AGE Years 76 Months Days If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Jacob Codori

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Barbara Weigle

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT (Address) Mrs Clara Sorrell 1308 E 33rd St

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date 11/30, 1939

19. UNDERTAKER (Address) George A. Fuley Catonsville Md

20. FILED 11/29, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 28th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1939, to Nov. 28th, 1939

I last saw her alive on Oct. 30th, 1939; death is said to have occurred on the date stated above, at 11 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Myocardial Dilitation	Nov 28th 39
Pulmonary Oedema	Nov 28th 39

Other Contributory Causes of Importance:

Cerebral Arterio-sclerosis	1 year
Cardiac Asthma	1 year

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) J. A. Chatard M. D.

(Address) 1300 E Calvert St

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED DEC 2 1939 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10729

(46-B)

1. PLACE OF DEATH

County Balto. Registration Dist. No. 44

Village or City Sparrows Pt No. 821 J St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Childs

(a) Residence: No. 821 J. St. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sylvia Childs

6. DATE OF BIRTH (month, day, and year): 1849

7. AGE: Years 90 | Months | Days | If LESS then 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Bethlehem Steel Co

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Pensioner

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Caulpeper Co. Virginia

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): " "

MOTHER

15. MAIDEN NAME: " "

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT (Address): Lavinia Gibson 802 J. St. Sparrows Pt

18. BURIAL, CREMATION, OR REMOVAL: Mt Calvary Cem

Place ~~Remington Va~~ Date 11-16, 1939

19. UNDERTAKER (Address): Saml. W. Chase & Son 638 N. Belmont St.

20. FILED Nov 15, 1939 Duncan L. Harlan Dep. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 12 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1939, to Nov 12, 1939

I last saw him alive on Nov 10, 1939; death is said to have occurred on the date stated above, at 7 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Lead Failure	1939
Carcinoma of Stomach	1935

Other Contributory Causes of importance:

Arteriosclerosis

Name of operation: None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [illegible] M. D.

(Address) 1425 E. Chase Street

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1918*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 3, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

10730

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville, md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 13 Shady Nook Ave
Stay in hospital or inst. (yrs., or mos., or days): 3 weeks Spitz Home
Stay in this community (yrs., or mos., or days): 22 yrs. Last May

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Balto.
City or town: Catonsville, md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 13 Shady Nook Ave. / Same resi
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Mordecai Gist Cockey.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mary Olivia Slade
6(c) If alive, give age: 85 years

7. Birth date of deceased (mo., day, yr.): May 10, 1849.

8. AGE:

Years	Months	Days	If less than one day
90	6	7	hrs. min.

9. Birthplace: Glyndon, md. (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business:
FATHER 12. Name: John R. Cockey
13. Birthplace: Glyndon, Md.
MOTHER 14. Maiden name: Deborah Powell
15. Birthplace: Towson, md.
16. Informant: Mrs. Mordecia Cockey
Address: 13 Shady Nook Ave.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 19, 1939 (month) (day) (year)
Cemetery or crematory: All Saints Cemetery
Location: Reisterstown Md.
18. Funeral director: Wm. Berry Mays & Sons
Address: 509 Maine St. Reisterstown
19. 11/18/39 (Date rec'd by registrar) 19 39 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 17, 1939, at 4 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from October 17 39 to Nov. 17 39
and that I last saw him alive on Nov. 16. 19

Immediate cause of death: Chronic Nephritis
Uremia
Senility
DURATION: 1 mo. 2 day Years

Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: W. Floyd Johnson M. D. or other
Address: Catonsville Date signed 11-17-39

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94)

10731

CERTIFICATE OF DEATH

Reg. Dist. No. 34

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH
County: Arcadia
City or town: Balto. County
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 2 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Washington D.C. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Hamilton Hotel
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: World War.

3. (a) FULL NAME Fristus Lenree Cofrell

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 29-1890

8. AGE:

Years	Months	Days	If less than one day
49	3	13	hrs. min.

9. Birthplace: Balto Co Md
(Town, county, and state)

10. Usual occupation: accountant

11. Industry or business: Statistical dept. J.C.L.

FATHER
12. Name: N Frank Cofrell
13. Birthplace: Maryland

MOTHER
14. Maiden name: Sadie E Myers
15. Birthplace: Maryland

16. Informant: Mrs W.H. H Bauer
Address: Uppers Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 14/39 (month) (day) (year)
Cemetery or crematory: St Paul's
Location: Arcadia Md

18. Funeral director: Edw Clipton
Address: Hampstead Md.

19. Nov. 13 1939 (Date rec'd by registrar) C.E. Howth M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 12th 1939, at ? M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19 to 19, ~~and that I last saw him alive on~~ 19

Immediate cause of death	DURATION
Coronary Thrombosis	
Due to found dead in bed	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: M. J. O'Meade Dept Sh. Ex.
M. D. or other
Address: Pikesville Md Date signed 11-12-39

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (158)

10732

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:

County Balto

City or town Dundalk

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Balto

City or town Dundalk Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 6909. Railway ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harry Thos Cook

3. (b) Social Security Number

4. Sex Male

5. Color or race white

6. (a) Single, ~~married, widowed, or divorced~~ ✓

6 (b) Name of husband or wife ✓

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 14 1939

8. AGE: Years | Months 2 | Days 3 | If less than one day hrs. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER 12. Name Raymond Cook

13. Birthplace Balto

MOTHER 14. Maiden name Ada Tate

15. Birthplace Baltimore Md.

16. Informant Ida Cook

Address 6909. Railway ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Moreland Memorial

Location taylor ave

18. Funeral director Wendell J. Hippel

Address 1400 Gough St.

19. Nov. 18 1939 (Data rec'd by registrar) John G. Connelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 17th 1939, at about 5 A M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~, to ~~19~~, ~~and that I last saw h~~ alive on 19

Immediate cause of death Malnutrition for

Due to which was under treatment at Harriet Lane

Due to Hospital, by Dr Beach

Primary cause: Unknown. G.W.G.R.

Other conditions Probably lack of proper diet. G.W.G.R.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy none

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. P. E. Nyse Supt P.M. Tex M. D. or other

Address Pikesville Md Date signed 11-17-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T)

(C)

(H)

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 35

CERTIFICATE OF DEATH (16-a)

10733

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Freeland (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: #1

(d) Length of stay in hospital or inst. (yrs., mos., or days) _____

(e) Length of stay in this community (yrs., mos., or days) 85

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Freeland Rural. (If outside city or town limits, write RURAL and give town)

(d) Street No. #1 (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Sallie Louisa Cooper.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) April 3, 1854

8. AGE: Years 85 | Months 7 | Days 17. | If less than one day _____ hr. _____ min.

9. Birthplace Freeland, Md. (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business Own Home.

FATHER

12. Name John Cooper.

13. Birthplace Md.

MOTHER

14. Maiden Name Alice Mary Mayer

15. Birthplace Md.

16 (a) Informant Mrs. Charles Cooper.

(b) Address New Freedom, Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 22 1939 (month) (day) (year)

(c) Cemetery or crematory Middletown

Location Freeland, Md. R D

18 (a) Funeral director Jacob Easterstein

(b) Address New Freedom, Pa.

19 (a) Nov 21 1939 (Date rec'd by registrar) (b) Samuel L. Miller Registrar

MEDICAL CERTIFICATION

20. Date of death November 20 1939 at 3:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 18 1939 to Nov. 17 1939, and that I last saw him alive on Nov. 17 1939.

	Duration
Immediate cause of death: Fracture Right Femur	2 Months
Due to: Fall	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide accident

(b) Date of occurrence 9-17-39

(c) Where did injury occur? At home (City or town) Balto (County) Md. (State)

(d) Did injury occur about home, on farm, industrial place, in public place? at home (Specify type of place) While at work? Yes

(e) Means of injury Fall

23. Signature Louis Schatanoff M.D. (M. D. or other)

Address New Freedom, Pa. Date signed 11-20-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

10734

38

(23)

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 3698

Village or City Towson No. 414 E Penna-ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Curtis

(a) Residence: No. 414 E. Penna Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Marion Curtis

6. DATE OF BIRTH (month, day, and year): June 20 1882

7. AGE: Years 57 Months 5 Days 2 If LESS then 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: House work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Own home

10. Date deceased last worked at this occupation (month and year): 10-2-39

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Calvert Co. Maryland

FATHER

13. NAME: John Heigh

14. BIRTHPLACE (city or town) (State or country): Calvert Co. Md.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Calvert Co. Md.

17. INFORMANT (Address): John Curtis 414 Penna ave Towson

18. BURIAL, CREMATION, OR REMOVAL

Place: Pleasant Rest, Towson Date: Nov. 24, 1939

19. UNDERTAKER (Address): Mrs. George H. Holland 1634 Druid Hill ave - Balto. 4

20. FILED 11/24, 1939 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 11 (Month) — 22 (Day) —, 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 10-2-1939, to 11-22, 1939

I last saw her alive on 11-21, 1939; death is said to have occurred on the date stated above, at 6:30 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Tubercular Pneumonia	9-28-39
Other Contributory Causes of importance:	
Pulmonary T.B.	unknown

Name of operation — Date of —

What test confirmed diagnosis? Physical examination Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Frank H. Saunders M. D.

(Address) 1029 N. Stricker St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(M)

(T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 95-B

Reg. Dist. No. 40

10735

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Baltimore
(b) City or town Sparrows Point
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 2605 Sparrows Point Rd.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) ~~life~~ 38 years

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Sparrows Point
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2605 Sparrows Point Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Mary Elizabeth Dawson (widowed from George H. Rodgers)

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race white

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Walter E. Dawson

6. (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) June 13. 1886

8. AGE: Years 53 | Months 5 | Days 1 | If less than one day _____ hr. _____ min.

9. Birthplace West Port Balto Co. Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business own home

FATHER
12. Name Thomas H. Duvall
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Mary Eliz Hadell
15. Birthplace Baltimore Md

16 (a) Informant Mary Eliz Duvall
(b) Address Carroll ave. Dundalk Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 17. 1939 (month) (day) (year)
(c) Cemetery or crematory Jessops Cem.
Location Md

18 (a) Funeral director Mamie Cook Lyfer
(b) Address 1600 W North Ave

19 (a) Nov 14. 39 (Date rec'd by registrar) (b) Dawson L. Harber Dep. Registrar

MEDICAL CERTIFICATION

20. Date of death Nov. 14 1939, at 12 Noon M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1. 1939, to Nov. 14 1939, and that I last saw him alive on Nov. 11 1939.

Immediate cause of death	Duration
Pulmonary edema	Sudden
Due to Anasarca	2 weeks
Due to Myocardial failure	6 mo
Hypertensive cardiovascular disease	2 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis N Tollin Md
M. D. or other
Address Sparrows Pt Date signed Md Nov. 14. 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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DEC 4 1939
BUREAU V. S.

Dr Taylor

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

10736

Reg. Dist. No. 30

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: Balto
City or town: Catonsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Maple Ave
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 69 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Balto
City or town: Catonsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Maple Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Frank Emil Deickman

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) ~~Single, married~~, widowed, or ~~divorced~~
Male	White	Widowed

6 (b) Name of ~~husband or~~ wife: Barbara L. Deickman
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 14th 1867

8. AGE:

Years	Months	Days	If less than one day
72	4	28	hrs. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual occupation: Dealer
11. Industry or business: Produce
FATHER 12. Name: Ernest Deickman
13. Birthplace: Germany
MOTHER 14. Maiden name: Unknown
15. Birthplace: "
16. Informant: Leslie L. Deickman
Address: 714 Bartlett Ave
17. Burial (Burial, ~~cremation~~, or removal. Which?) Date thereof 11/15/39 (month) (day) (year)
Cemetery ~~or crematory~~: London Park
Location: Balto Md
18. Funeral director: William Cook
Address: 1217 St. Paul St
19. 11/14/39 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 12 1939 at 7P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 1937 to November 1939 and that I last saw him alive on Nov. 1 1939.

	DURATION
Immediate cause of death: Coronary Thrombosis	
Due to: Myocarditis	
Due to: Hypertension Arteriosclerosis	
Other conditions:	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide — Date of injury
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work? —

23. SIGNATURE: Wm. Deickman Jr.
M. D. or other
Address: 202 E. Pratt St Date signed 11/13/39

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DEC 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 73-C

Reg. Dist. No. 40

10737

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Baltimore

(b) City or town Carney
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Joppa Road

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Carney
(If outside city or town limits, write RURAL and give town)

(d) Street No. Joppa Road
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Amanda Dent

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Henry Dent

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1848

8. AGE: Years 91 | Months 4 | Days 27 | If less than one day _____ hr. _____ min.

9. Birthplace Balto. Co., Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Thomas Shanklin

13. Birthplace Balto. Co., Md.

MOTHER

14. Maiden Name Rachel Tucker

15. Birthplace Harford Co., Md.

16 (a) Informant Mrs. Rosie Fuller,

(b) Address Joppa Road, Carney, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 7, 1939 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Taylor Ave.

18 (a) Funeral director F. Lanahan & Son

(b) Address 7401 Belair Road.

19 (a) 11/6/39 (Date rec'd by registrar) (b) H. M. Hammett Registrar

MEDICAL CERTIFICATION

20. Date of death Nov. 4th 19 39 at 7:10A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1939, to Nov. 1939, and that I last saw him alive on October 16 19 39.

Immediate cause of death — Duration

Chronic Myocarditis — 5 Months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature C. W. Peake M.D. (M. D. or other)

Address 4508 Harford Rd Date signed 11-4-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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DEC 4 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

10738

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Spring Grove State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 yr. 5 mos. 6 days

Stay in this community (yrs., or mos., or days) " " " " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 1739 Jackson Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John George Detzel

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 8, 1901

8. AGE: Years	Months	Days	If less than one day
37	10	28	hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name George Detzel

13. Birthplace Germany

MOTHER 14. Maiden name Wilhelmina Augusta Kohlhoff

15. Birthplace Maryland

16. Informant Hospital records.

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 8th 1939 (month) (day) (year)

Cemetery or crematory Western Cem.

Location Dallas Mill

18. Funeral director E. Schloman & Son

Address 1039 Hanover St.

19. 11/6 (Date rec'd by registrar) 19 39 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6, 1939, at 3:20 P.M. a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 31, 1938, to November 6, 1939, and that I last saw him alive on November 6, 1939

Immediate cause of death	DURATION
Pleurisy with effusion	2 days
Due to Chronic myocarditis before	1938
Due to Chronic interatitial nephritis before	1938
Other conditions Mental deficiency, imbecility low grade before	1938

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy As given above.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Serge Androp

Serge Androp, M.D. M. D. or other

Address Spring Grove St. Hosp. Date signed 11/6/39

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NOV 8 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10739

1. PLACE OF DEATH

County Baltimore (93C) Registration Dist. No. 35

Village or City Monkton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Katherine Von Eiff Disney Veteran, specify WAR

(a) Residence: No. Monkton St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of: Richard E Disney

6. DATE OF BIRTH (month, day, end year): Sept 15-1856

7. AGE: Years 83 | Months 1 | Days 24 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Henry Von Eiff

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Margaret Sellers

16. BIRTHPLACE (city or town) (State or country): Balto Md.

17. INFORMANT (Address): Mrs Gertrude B. Hunley Monkton Md

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Nov 10, 1939

19. UNDERTAKER (Address): Wm J. Tickner Baltimore Md

20. FILED: Nov 9, 1939 M. Bostwick D Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. 8 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1936, to Nov. 8, 1939

I last saw her alive on Nov. 8, 1939; death is said to have occurred on the date stated above, at 6 00 p m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary occlusion	11/8/39

Other Contributory Causes of importance:

Chronic myocarditis

Hypertension

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. M. France M. D.

(Address) Parkton, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

10740

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (51-B)

County Baltimore Registration Dist. No. 32

Village or City Mr. Pikesville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 62 yrs. 4 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Duer If U. S. Veteran, specify WAR

(a) Residence: No. "Vaucluse" Naylors Lane, Pikesville St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Agnes Barton Duer

6. DATE OF BIRTH (month, day, and year) July 24 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Business Manager

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Wholesale Hardware

10. Date deceased last worked at this occupation (month and year) May '39

11. Total time (years) spent in this occupation 48

12. BIRTHPLACE (city or town) (State or country) Baltimore County

FATHER

13. NAME ~~John Duer~~ A. Adgate Duer

14. BIRTHPLACE (city or town) (State or country) Baltimore City Md.

MOTHER

15. MAIDEN NAME Margaret Lewis Marshall

16. BIRTHPLACE (city or town) (State or country) Frederick County Virginia

17. INFORMANT C. Marshall Barton, Jr.

(Address) Vaucluse, Pikesville, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Druid Ridge Cem. Date Nov. 29, 1939

19. UNDERTAKER Henry W. Jenkins & Sons Co.

(Address) McCulloh & Orchard Sts.

20. FILED 11/28, 1939 E. E. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov. (Month) 27 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1939, to Nov. 27, 1939

I last saw him alive on Nov. 26, 1939; death is said to have occurred on the date stated above, at 9:30 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	

Other Contributory Causes of Importance:

Name of operation Exploratory - Radium Treatments Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Walter A. Barton M. D.

(Address) 1145 St. Paul St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Date of onset	Example II	Date of onset
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Walter A. Baetjer
1115 St Paul St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (205-9)

10741

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: Baltimore

County Sparrows Point Steel Works

City or town (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Balto Co.

City or town Turner Station Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 104 Walnut Ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Faldon

3. (b) Social Security Number 217-01-0426

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: Georgiana Smith Falden

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March 3 - 1885

8. AGE: Years: about 54 yrs; Months: .8; Days: 8; If less than one day: ____ hrs. ____ min.

8. Birthplace: Virginia (Town, county, and state)

10. Usual occupation: Labor

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Va.

MOTHER
14. Maiden name: Bettie Lester
15. Birthplace: Va.

16. Informant: Anna Turner

Address: 104 Walnut Ave

17. (Burial, cremation, or removal. Which?) Date thereof: Nov - 14 - 39 (month) (day) (year)

Cemetery or crematory: Mt Calvary Cemetery

Location: Balto.

18. Funeral director: Archibald A Gaddis

Address: 2101 McCulloh St.

19. 11/14/39 (Date rec'd by registrar) 19 W M Carmine Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 11th 1939, at 2-45 PM

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from ____ 19__ to ____ 19__, and that I last saw h____ alive on ____ 19__~~

Immediate cause of death: Accident run over by traveling Crane, both legs cut off below knee

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Nov 11-39

Accident, ~~suicide, or homicide~~ Accident Date of 2-45 PM.

Where did injury occur? Sparrows Point (City or town) (County) Md (State)

Injured at home, farm, industry, public place (where?) Steel Works

Means of injury: run over on track Injured at work? yes

23. SIGNATURE: W. T. O'Nyse Dept P.M. Ex. M. D. or other

Address: Pikesville Md Date signed 11-11-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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NOV 16 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10742

53-C

38

1. PLACE OF DEATH

County Balto Registration Dist. No.

Village or City Stoneleigh No. 6910 Copleigh Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Philip Leopold Charles Fischer If U. S. Veteran, specify WAR —

(a) Residence: No. 6910 Copleigh Road St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Fenner Walker

6. DATE OF BIRTH (month, day, and year) Mar 26 1902

7. AGE

Years	Months	Days	If LESS then 1 day, hrs. or min.
39	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Salesman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Stoneleigh (State or country) Balto Co Md.

FATHER

13. NAME Philip L. C. Fischer

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Grace Brown

16. BIRTHPLACE (city or town) Balto Co (State or country) Md

17. INFORMANT Mrs Philip L. C. Fischer (Address) 6910 Copleigh Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Green Mount Date Nov 17, 1939

19. UNDERTAKER Henry W. Jenkins & Sons Co (Address) McCulloh & Orchard Sts

20. FILED 11/16, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 15 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from January 1923, to November 15, 1939 I last saw him alive on November 14, 1939; death is said to have occurred on the date stated above, at 1-15 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Hemorrhage into cerebral tumor	11/15/39 8.30 A.M.

Other Contributory Causes of Importance:

Cerebral tumor

Oligodendroglioma.

duration - 6 years.

Name of operation 2 operations - Univ. Hosp. Date of 4-1935

What test confirmed diagnosis Operation & Autopsy Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wm. J. Fulton M. D.

(Address) 2211 St. Paul St. Balto. Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10743

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:

County: Baltimore

City or town: Towson - Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 508 Chesapeake ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 14 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Balto.

City or town: 508 Chesapeake ave Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Towson, Md

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Emma Griffin Fossett

3. (b) Social Security Number: —

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white	widow

8 (b) Name of husband or wife: James E. Fossett

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Mar 12 - 1855

8. AGE:

Years	Months	Days	If less than one day
84	8	13	hrs. min.

9. Birthplace: Baltimore City (Town, county, and state)

10. Usual occupation: —

11. Industry or business

FATHER
12. Name: John Lewis Gettier
13. Birthplace: Md

MOTHER
14. Maiden name: Barbara C. Wise
15. Birthplace: Frederick Co. Md

16. Informant: Miss Mildred Fossett

Address: 508 Chesapeake ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 28-39 (month) (day) (year)

Cemetery or crematory: Greenmount ave

Location: North & Greenmt. Ave

18. Funeral director: P. Marklin & Son

Address: White Hall. Md

19. 11/25 19 39 W. Carroll Van Horn Deputy Local Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 25th 1939, at 3 45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 7th 1939, to Nov 25th 1939, and that I last saw her alive on Nov 24th 1939.

Immediate cause of death: Myocardial Insufficiency — DURATION: 3 weeks

Due to: Senility, Herpes Zoster, General Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Daniel of St. Thos. Jenifer M. D. or other

Address: Towson, Md Date signed: Nov. 25, 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1935
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

10744

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:

County Baltimore

City or town Near Arbutus
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Knecht & Benson ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 25 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Balto.

City or town Near Arbutus Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Knecht & Benson ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Melissa Frederick

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	W	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13 1847

8. AGE:

Years	Months	Days	If less than one day
92	4	25	hrs. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation House Hyper

11. Industry or business

FATHER
12. Name Jesse A. Frederick
13. Birthplace Md

MOTHER
14. Maiden name Julia A. Elder
15. Birthplace Md.

16. Informant Mrs Geo. Kenneth

Address Arbutus Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 9 1939 (month) (day) (year)

Cemetery or crematory Westly Chapel

Location Freedom Md

18. Funeral director Harry Weer

Address Sykesville Md.

19. Nov 8 1939 (Date rec'd by registrar) Geo M Kieffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 7 1939 10-30 at a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1939, to Nov 7 1939, and that I last saw her alive on Nov 4 1939.

Immediate cause of death — DURATION

Arterio Sclerosis indefinite

Due to Cardio Vascular

Due to renal disease indefinite

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Geo M Kieffer M. D. or other

Address 2470 West Bl. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 1 1938
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10745

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (22-a)

County Baltimore — Registration Dist. No. 30

Village or City Catonsville — No. 9 Arbutus Ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 6 yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mabel S. Fuchs — If U.S. Veteran specify WAR

(a) Residence: No. 9 Arbutus Ave. St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of John C. Fuchs

6. DATE OF BIRTH (month, day, and year) July 25, 1887.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. H. W.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Frederick Haas

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT (Address) John C. Fuchs, 9 Arbutus Ave. Catonsville, Md.

18. BURIAL, CREMATION, OR REMOVAL — Place New Cumberland, Pa. Date 11/27/39.

19. UNDERTAKER Harry H. Kuhle (Address) 4101 Edmondson Ave.

20. FILED 11/28, 19 39 — A. Cahn Greene, Registrar — Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 23 (Day), 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1939, to Nov. 23, 1939

I last saw h[illegible] aliva on November 23, 1939; daath is said to have occurrad on the date stated above, at 6:50a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:

	Date of onset
Cerebral Hemorrhage	11/20/39
Other Contributory Causes of importance: Hypertension + Arteriosclerosis	1930

Name of operation none — Date of

What test confirmed diagnosis? Clinical — Was thare an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also tha following:

Accident, suicida, or homicida? — Date of injury, 19

Whare did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wilmer K. Gallagher M. D.

(Address) Catonsville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

FILED NOV 27 1928 PUBLIC H. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

10746

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Baltimore Registration Dist. No. 40

Village or City Kingsville No. Bel-Air Rd St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. 6 mos. 0 ds. How long in U.S. if of foreign birth? 94 yrs. 0 mos. 0 ds.

2. FULL NAME James Ambrose Garrety If U. S. Veteran, specify WAR NONE.

(a) Residence: No. Kingsville St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Gilbert Garrety

6. DATE OF BIRTH (month, day, and year) April-7-1843

7. AGE: Years 96 | Months 7 | Days 2 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. none

10. Data deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) Galway (State or country) Ireland

FATHER

13. NAME James Garrety

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Manning

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs F. P. Stewart (day Ltr) (Address) Kingsville Md.

18. BURIAL, CREMATION, OR REMOVAL Place St. Stephens Md Date Nov-11-39

19. UNDERTAKER Stewart Morrow Co. (Address) Balto. Md.

20. FILED 10/10/39, 19 W M Hammett Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH November (Month) 9 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1939, to Nov. 9, 1939

I last saw him alive on November 7, 1939; death is said to have occurred on the date stated above, at 4:20 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arterio-sclerosis
Cardiac hypertrophy
senility

Date of onset

Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) H G Jones M. D.

(Address) 2818 St. Paul St.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
DEC 4 1928
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 82

10747

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
County: Baltimore,
City or town: Towson,
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Presbyterian Home
Stay in hospital or inst. (yrs., or mos., or days): 4 yrs.
Stay in this community (yrs., or mos., or days): 4 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: ~~Towson,~~ Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: ~~Presbyterian Home~~ 3822 Bonner Rd
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Henrietta Ray Gaw

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	white	single

6 (b) Name of husband or wife
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Jan. 13, 1860

8. AGE:

Years	Months	Days	If less than one day
79	9	29	____ hrs. ____ min.

9. Birthplace: unknown (Town, county, and state)
10. Usual occupation: retired
11. Industry or business
FATHER
12. Name: John Gaw
13. Birthplace: Ireland
MOTHER
14. Maiden name: Henrietta Ray
15. Birthplace: Wash. D. C.
16. Informant: Records of Presbyterian Home
Address
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 14, 1939 (month) (day) (year)
Cemetery or crematory: Loudon Park Cemy.
Location: Fred. Ave. Balto. Md.
18. Funeral director: John O. Mitchell & Sons Inc.
Address: 1900 Eutaw Place
19. 11/13 39 (Date rec'd by registrar) W. Garrett Van Horn Deputy Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 12, 1939, at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1, 1939, to Nov 12 1939, and that I last saw her alive on Nov 12, 1939.

Immediate cause of death: Apoplexy — DURATION: Aug 1, 39
Due to: Arteriosclerosis & — unk
Due to: Hypertension
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Towson - Md Date signed 11/13/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10748

CERTIFICATE OF DEATH

Reg. Dist. No. 9-38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Pudowood Sanatorium, Towson, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days): 10yr. 4mo. 6 Days
Stay in this community (yrs., or mos., or days): Born

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 4707 Alhambra Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Martin John Goldrick

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Anna Goldrick
6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): March 11, 1877

8. AGE:

Years	Months	Days	If less than one day
62	7	24	hrs. min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)
10. Usual occupation: Office Clerk
11. Industry or business: Wholesale Clothing
FATHER 12. Name: Martin Goldrick
13. Birthplace: Ireland
MOTHER 14. Maiden name: Catherine Boyle
15. Birthplace: Ireland
16. Informant: Personal History-Hospital Records
Address: Pudowood Sanatorium, Towson, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/9/39 (month) (day) (year)
Cemetery or crematory: Cathedral
Location: Edmonton Avenue
18. Funeral director: Mary M. Niedefeld
Address: 22nd & Greenmount Ave
19. 11/6/39 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6 1939, at 6 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1929, to Nov. 6 1939, and that I last saw him alive on Nov 6, 1939.

	DURATION
Immediate cause of death: Pulmonary Tuberculosis	Jan 1920
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: W A Bridges M. D. or other
Address: Towson, Md. Date signed 11-6-39

RECEIVED
NOV 9 1939
BUREAU V. S.

10749

STATE OF MARYLAND
CERTIFICATE OF DEATH

(131)

1 PLACE OF DEATH

County Baltimore

Registration Dist. No. 44

Village or City Edgemore (No. Sycamore Ave St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME PLUMMER C. GOODWIN

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: MALE

4 COLOR OR RACE: COLORED

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): WIDOWED

6 DATE OF BIRTH: 2 (Month) 2 (Day), 1851 (Year)

7 AGE: 88 yrs. — mos. — ds. If LESS than 1 day ___ hrs. or ___ min.?

8 OCCUPATION
(a) Trade, profession or particular kind of work: LABORER
(b) General nature of industry business, or establishment in which employed or (employer): STEEL

9 BIRTHPLACE (State or country): VIRGINIA

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (State or country): " "

12 MAIDEN NAME OF MOTHER: " "

13 BIRTHPLACE OF MOTHER (State or Country): " "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm Gilbert

(Address) Back River Neck Md

15 Filed NOV 16 - 1939 Dawson J. Harbor Dep. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: NOVEMBER 13, 1939 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from DEC. 1935 to NOVEMBER 13, 1939, that I last saw him alive on NOVEMBER 12, 1939, and that death occurred on the date stated above, at 1.58 P. m.

The CAUSE OF DEATH * was as follows:

CHRONIC INTERSTITIAL NEPHRITIS

(Duration) 4 yrs. — mos. — ds.

Contributory Secondary

(Duration) yrs. mos. ds.

(Signed) Harry W. Rosenthal M. D.

Nov. 15 1939 (Address) Lynch Point, Md

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 30 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: John Wesley N. Pt. Rd

DATE OF BURIAL: 11-16, 1939

20 UNDERTAKER: Saml. W. Chase & Son

ADDRESS: 628 N. Gilmor

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN RESERVED FOR BINDING

WRITE FOR ONLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework,* or *At Home,* and children, not gainfully employed, as *At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL *septicaemia,*" "PUERPERAL *peritonitis,*" *etc.* State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU V. S. DEC 4 1939